




# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90034 040 \*\*\*150.00

<b>DOCUMENT # P05000040026</b> 1. Entity Name CUSTOM PEST PREVENTION, INC.					
Principal Place of Business 508 SHANE CIRCLE WINTER SPRINGS, FL 32708			Mailing Address 508 SHANE CIRCLE WINTER SPRINGS, FL 32708		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">66002822</div>  <div style="display: flex; justify-content: space-around; font-size: 10px;"> <span>01032006</span> <span>Chg-P</span> <span>CR2E034 (11/05)</span> </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> <div>4. FEI Number <b>542169738</b></div> <div>Applied For <input type="checkbox"/> Not Applicable</div> </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> <div>5. Certificate of Status Desired <input type="checkbox"/></div> <div><b>\$8.75</b> Additional Fee Required</div> </div>	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>JOHNSON, DANIEL T</b> <b>508 SHANE CIRCLE</b> <b>WINTER SPRINGS, FL 32708</b>					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, DANIEL T 508 SHANE CIRCLE WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. (President)					
<div style="display: flex; justify-content: space-between;"> <div> <b>SIGNATURE:</b>  <b>Daniel T. Johnson</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> <b>1-18-06</b>  <small>Date</small> </div> <div> <b>321-279-1801</b>  <small>Daytime Phone #</small> </div> </div>					



ATTACHMENT

66002822

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 6, 2006

CUSTOM PEST PREVENTION, INC.  
508 SHANE CIRCLE  
WINTER SPRINGS, FL 32708

Subject: CUSTOM PEST PREVENTION, INC.

Reference Number:

P05000040026

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION